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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

June 30, 2010

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **DEPARTMENT OF MENTAL HEALTH DATA SHARING WITH OTHER
COUNTY DEPARTMENTS – STATUS REPORT #2**

This is to respond to the February 3, 2009, Board Motion in which the Department of Mental Health (DMH), in conjunction with the Chief Information Office (CIO), was instructed to:

- Provide periodic reports prior to seeking Board approval for a contractor for an electronic health records system, and on how they plan to have the Integrated Behavioral Health Information System (IBHIS) interface with future and existing County departments with which they coordinate services, as well as how the proposed system will be compatible with the national medical records system which is to be developed.
- Work with the Chief Executive Office (CEO) to develop a plan to ensure compatibility of future and existing County electronic health records systems while positioning the County to take full advantage of health information technology funds being proposed under the Economic Stimulus Plan.

The two recommendations above correctly assume that health care delivery in Los Angeles County, especially under national Health Care Reform (HCR), requires an electronic health record (EHR). An EHR is necessary for the internal operational efficiency that HCR requires and for the integration of health care services across physical health, mental health, public health, and substance abuse treatment that HCR requires. Such integration of services is only practical when the information health care professionals need to do their job is in electronic format.

An EHR is a necessary, but not sufficient, prerequisite to effective sharing of health information across treatment domains and providers. Also necessary is an Enterprise Master Person Index (EMPI). The EMPI, by matching and indexing client records across multiple organizations, provides the best automated way of assuring that parties involved in a health data exchange are referencing the same client. An EMPI uses a sophisticated matching algorithm that assigns weights to each of the data elements in the match data set based on their relative value in identifying people in Los Angeles County. That last part is important. It is not a generic algorithm; it is tuned to the Los Angeles County mix of names based on the variety of ethnicities and cultures represented in Los Angeles County. As an example, a last name of Chang in Bozeman, Montana, might be highly weighted because it might be a relatively rare name in that

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area. In Los Angeles County, Chang is a relatively common last name, so it would receive a lower weight in determining an identity match and other available data elements would carry more weight in determining whether an identity match had been found. An EMPI can help avoid medical errors while streamlining administrative processes and record keeping.

With an EHR, you have data in an electronic format to facilitate exchange. With the EMPI you have the means to reliably link client records across systems and organizations to assure that data about the right client is exchanged. Then, you need the means to actually exchange the data. This can take the form of Electronic Data Interchange such as the X.12 transactions used for health care claiming and related functions, or HL7 transactions used for clinical and administrative transactions. There is an industry standard in development for a Continuity of Care Document (CDC) that will include mental health information that builds on a standard developed for primary care information.

Underlying all of this complex software, data standards, and communication standards, the County must have a robust, reliable, and secure technology and communications infrastructure. Information Technology (IT) infrastructure is receiving attention at all levels of the County IT community. With that in place and continually maintained, if the County has EHRs in its health care delivery organizations, an EMPI for healthcare and social service departments, and the appropriate standards in place, the County will then be in a position to effectively share health care information across organizational lines to support operational efficiency and improved client services consistent with the recommendations above.

IBHIS Integration with Other County Departments

IBHIS will, once implemented, be the EHR for DMH. The IBHIS Request for Proposals (RFP) was re-issued on November 18, 2009. Vendor proposals were received in February 2010. DMH is in the final stages of proposal evaluation, involving site visits and vendor reference checks, and is expected to select a vendor by late summer 2010, at which point contract negotiations can begin.

Electronic Data Interchange (EDI) is a core function of the proposed IBHIS. EDI will be the means by which DMH conducts routine standards-based data exchanges with the State, contract providers, and other health-related County departments such as the Department of Health Services (DHS), the Sheriff's Department (Sheriff), Public Health (PH), and the Probation Department (Probation).

The State Mental Health Services Act (MHSA) Capital Projects and Technology Plan Guidelines, under which DMH developed its approved MHSA IT Plan, specifies standards with which systems procured under Capital Projects and Technology Plan funding must comply. The proposed IBHIS will comply with these standards and certifications, including some still under development. The selected IBHIS vendor will be contractually responsible for maintaining compliance with new releases of or changes to standards or certification requirements. This would include any new required standards and certifications under the American Recovery and Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) Act.

It is important to note these standards and certifications only cover healthcare related data exchanges. DHS and Sheriff already have healthcare systems that comply with many of these standards, and Probation is planning to acquire such a system. Information exchanges between the Department of Public Social Services (DPSS) and the Department of Children and Family Services (DCFS), who are not providers of healthcare services, may require custom interfaces.

DMH has completed its review of its EDI capabilities in preparation for IBHIS selection and implementation. The EDI Plan developed as part of that project identified a significant gap between DMH existing EDI resources and expertise and that which will be needed at the time of the transition to IBHIS. DMH is in the process of reclassifying and attempting to fill vacant budgeted items in order to obtain and retain the data integration and EDI skills required by DMH.

Compatibility of County Electronic Health Records Systems and Health Information Technology Funds under the Economic Stimulus Plan

There is no single EHR system in existence that would even approximately serve the needs of DHS, PH, Probation, Sheriff, and DMH. Even within a single health-related department, multiple systems are generally necessary and coordination of information between the systems is handled through sophisticated system integration. This is the norm in the industry and not likely to change. To the extent that departmental systems comply with industry standards, the integration challenge is minimized.

Accurate and reliable real-time electronic interfaces require complex and expensive interface engine software and highly trained staff to operate and maintain it. At the volume of data used in the County, interface engine software can be a very cost effective investment. DMH has purchased Microsoft Biztalk interface engine software. It is not necessary that all County departments choose the same interface engine. As long as the various County interface engines are using the same standards, they will be able to exchange information effectively.

Efforts to obtain a County EMPI solution are progressing with Sheila Shima, Deputy CEO, Health and Mental Health Services, as the Executive Sponsor for the project. This brings the necessary County-wide perspective to project leadership that has accelerated the pace of decision making. The EMPI Workgroup is currently focused on finalizing requirements for an EMPI, developing a vendor Statement of Work, determining a procurement approach, and developing a strategy to provide the necessary staffing to enable this most important project to proceed successfully.

Once the health-related departments have standards based information systems, capable interface engine technology, and a shared EMPI, the next issue becomes the data itself. DHS, DCFS, and DMH have documented basic demographic information used by each department and agreed upon shared definitions and descriptions in order to facilitate accurately identifying and, when legally permitted, exchanging information about foster children receiving services in health-related departments. This is a beginning of what will need to be a much larger effort as the scope and volume of information exchanged grows. It will be necessary to coordinate when each department updates certain codes sets used by multiple health related departments.

DMH is also participating, along with the CIO, DHS and PH, in meetings coordinated by the CEO in response to Supervisor Ridley-Thomas's April 7, 2009, Motion on Health Information Technology and effective sharing of health information across organizational lines. The EMPI described above would be an important component of the County infrastructure necessary for participation in any future health information exchanges.

Conclusion

DMH is, with County CIO, actively engaged in planning for and enabling secure, appropriate and reliable data exchanges with other County departments. The CIO is holding monthly meetings with DHS, PH, and DMH to address common information systems issues, data sharing among them, and actively participating in efforts to acquire an EMPI.

The next status report will be due on December 31, 2010.

MJS:RG:jh